



COLORADO

Department of Public
Health & Environment

Noteworthy changes to multiple regulations within the current rule, as proposed, include:

- 1) Updated the notification list requirement to confirm that the list is accurate and up to date. Requirement based on prevailing issue in emergency after action reports where notification lists contain outdated information. This change will assist in alleviating that identified gap.
- 2) Reduced requirement for the notification list test to once a year. This change was based on stakeholder feedback and that notification lists are now being used throughout the year in day to day activities.
- 3) Language was added to the notification test requirement that allows real incident notification to substitute for the testing requirement. Incident communication will always be a better measure of success than drills or exercises.
- 4) Added language that includes review of the mutual aid agreement at a minimum of every 5 years by the participating agencies.
- 5) Changed plan submittal from annually to as needed or at least every 3 years via submitting to the Colorado Department of Public Health and Environment for review instead of the Board of Health, Appendix A: Colorado Emergency Preparedness Plans. As expressed by stakeholder feedback, plan submission every year is an unnecessary requirement placed upon all involved, especially if a plan is not changed.
- 6) Added wording that will ensure the training of staff on the personal protective equipment purchased. Ensuring the safety of staff by having sufficient supplies and by being properly trained with those supplies. This inconsistency has been witnessed with recent Ebola response.
- 7) The procured cache of antibiotics section has seen significant changes. The plan must now include a section on the distribution of the cache of antibiotics that have been procured by the agency. This cache has been reduced from a 5 day supply to a 3 day supply. This adjustment comes from lessons learned with previous incidents involving the Strategic National Stockpile (SNS), the 12 hour time frame for the SNS to be delivered upon request, and the time frame it will take to distribute the SNS. The number of employees covered within this cache was also reduced from all employees to just those that will have a role in response activities, leaving that determination up to the agencies involved. The antibiotic of choice has also been updated from specifically naming doxycycline to any combination of antibiotics that are effective against category A bacterial agents, Appendix B: Antibiotic Determination Letter. Colorado Emergency Preparedness Plans. These changes provide stakeholders the opportunity to reduce costs associated with the antibiotic cache section while still ensuring the freedom for cache size is allowed as smaller entities may need all staff while bigger entities may only need a section of staff.
- 8) The duties and responsibilities of creating teams to monitor the situation were incorporated into the creation of an operations center section, the main purpose of an

operations center. This follows emergency management doctrine and the National Response Framework guidance.

- 9) Expanded on the section about the Strategic National Stockpile. At the time of the inception of this rule, only pharmaceutical interventions were available within the SNS. This additional medical equipment and supplies to the stockpile created a need for this additional section.
- 10) Managed care organization was stricken from the rule.
- 11) Changed wording with the requirement for two public spokespersons to be replaced with a public information officer. This change follows the Incident Command System and is the correct designation for the activities outlined within the section.
- 12) Added a requirement within the plan to designate a back-up communication system.
- 13) Changed language of conducting one exercise of the plan annually to conducting one exercise of the plan at least every 3 years. This change follows Homeland Security Exercise and Evaluation Program guidance, allowing for identified gaps to be rectified.
- 14) Language was added to the exercise requirement section that allows a real incident to substitute for the exercise requirement. Real life incidents will always be a better measure of success than drills or exercises.

Basic changes for multiple regulations within the current rule, as proposed, include:

- 15) Bullet point numbering adjusted.
- 16) Updated naming from the National Response Plan to the National Response Framework. In 2008, the Federal Emergency Management Agency released an updated version of the National Response Plan that included a name change to the National Response Framework.
- 17) Changed wording within the plan section from the plan being “provided” to the plan being “reviewed with and made available” to the local jurisdiction’s response partners. Ensuring response partners are aware of and understand that all local agency plans were deemed by the workgroup as important as submitting plans to the state for review and should be added as a requirement.
- 18) Deleted the word “all” for numerating employees. All employees may not be brought into response or recovery actions, a practiced doctrine within emergency management and a needed business continuity action as other day to day activities still need to be accomplished.
- 19) Deleted off duty or retired health care providers within the volunteer section. This was replaced with a process for recruiting and credentialing of volunteers. The workgroup felt that this wording would better encompass such systems as the ESF8 support system and the Colorado Volunteer Mobilizer.
- 20) Rapid transport of human specimens was provided with its own section.
- 21) Updated the statutory citations to align with the Public Health Act

Changes specific to Regulation 1 – LPHAs include:

- 1) Updated the naming of county and district health departments and public health nursing services to local public health agency, following the naming convention of the Colorado Public Health Act.
- 2) An internal emergency call down list, including after-hours information, was added ensuring that the local public health agency has a means of contacting their staff in the need to organize and respond to an emergency event after normal business hours.
- 3) Communication with local emergency management agency was deleted, changing the section to become inclusive of all emergency response partners that can be communicated with, not only emergency management.

Changes to the current rule, as proposed within Regulation 2 – Hospital include:

- 1) Deleted a facility specific operations center and changed to an operations center. This change allows for campus designated operation centers at locations where there are more than one facility.
- 2) Hospital was deleted to ensure all buildings within a campus were covered within this section.
- 3) Traffic management was also added due to lessons learned from previous incidents and identified gaps discovered within exercises.
- 4) Wording change speaking to infection control measures, including the deletion of “epidemic,” as the workgroup felt this section as written was limiting.

Changes to the current rule, as proposed within Regulation 3 – Rural Health Clinics and Federally Qualified Health Centers include:

- 1) Managed Care Organizations was removed.
- 2) Clinic was added to rural health throughout the regulation.

Changes to Regulation 4- RETAC withdrawn

The Department is not recommending changes to Regulation 4 – RETAC at this time. Based upon further conversations with the RETAC representatives and Health Facilities Emergency Medical Services Division the Office of Emergency Preparedness and Response would like to postpone this revision to 2016. This allows these rules to be reviewed at the same time as other applicable Emergency Medical Services regulations and ensures alignment across the Department.

Changes to the current rule, as proposed within Regulation 5 – CDPHE include:

- 1) Added requirement for CDPHE to sign the statewide public health agency mutual aid agreement.
- 2) Added the maintenance of a transport system for specimens to the state laboratory.

Changes to the current rule, as proposed within Regulation 6 include:

- 1) Changed wording so that plans will be submitted to and reviewed by, the Colorado Department of Public Health and Environment. Current wording has plans being

submitted to the Board of Health, to then be reviewed by the CDPHE, creating an additional step. This change is to create efficiency with the established process.

Changes to the current rule, as proposed within Regulation 7 include:

- 1) Regulation was stricken entirely and is included within regulation 1. Updates to the naming of local public health agency that now includes public health nursing services, follows the naming convention of the Colorado Public Health Act.

Changes from the Attorney Generals office and stakeholder feedback since the request for hearing presentation, include:

1. Changes to Regulation 4- RETAC withdrawn. Based upon further conversations with the RETAC representatives and Health Facilities Emergency Medical Services Division the Office of Emergency Preparedness and Response would like to postpone this revision to 2016. This allows these rules to be reviewed at the same time as other applicable Emergency Medical Services regulations and ensures alignment across the Department.
2. Changed title from the Disease Control and Environmental Epidemiology Division to the Office of Emergency Preparedness and Response.
3. Statute updated.
4. Renamed rural health clinic to "rural health clinic licensed by CDPHE and certified by the Center for Medicaid and Medicare Services".
5. Renamed community health center to Federally Qualified Health Center
6. Added "but at least every 3 years" to plan submissions, so it reads now "will be reviewed and updated as needed, but at least every 3 years".
7. Rolled infection controls section into the operations centers.
8. Submission of the AAR's to CDPHE was added.
9. Added "general or critical access" to hospitals.